



# Rio Arriba County Detention Center (RACDC) POLICY 0100A PERSONNEL VIOLENCE IN THE WORKPLACE INCIDENT REPORT FORM

\_\_\_\_\_  
Employee Title and Department Supervisor Date

Date of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Charging/Complaining Party: \_\_\_\_\_

Witnesses (If additional space is needed attach sheet):

Name

Phone Number

_____	_____
_____	_____
_____	_____
_____	_____

Statement of Incident (Summary of what happen):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If additional space is required attach sheet)

Investigation Conducted By (Management Person) \_\_\_\_\_

Recommended Action:

\_\_\_ No Charge(s)

\_\_\_ Initiate charge(s)

\_\_\_\_\_  
Management Person

\_\_\_\_\_  
Date